



MIAMI BEACH

HUMAN RESOURCES AND RISK MANAGEMENT DEPARTMENT
1700 Convention Center Drive, Miami Beach, Florida 33139
Job Hotline: 305.673.7777, Tel: 305.673.7524, www.miamibeachfl.gov

EMPLOYMENT APPLICATION

The City of Miami Beach is an equal opportunity/drug free employer and does not discriminate on the basis of age, citizenship, pending citizenship status, color, disability, marital status, national origin, race, religion, gender or sexual orientation. Please note that under Florida law, employment applications are open for public inspection. You must be a U.S. Citizen or alien resident lawfully authorized to work in the U.S. to be considered for employment with the City of Miami Beach. The City of Miami Beach shall provide reasonable accommodations, due to any disability, for all applicants and employees. To request this material in accessible format, sign language interpreters, information on access for persons with disabilities, and/or any accommodation to review any document or participate in any city-sponsored proceeding, please contact 305.604.2489 (voice) or 305.673.7218 (TTY) five days in advance to initiate your request. TTY users may also call 711 (Florida Relay Service). Please let us know if you require any special accommodations before any test(s) and/or interview.

Are you at least 18 years of age? ☐ Yes ☐ No

COMPLETE APPLICATION - DO NOT LEAVE ANY BLANKS - PLEASE PRINT

Date of Application Classification(s) you are applying for:

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Last Name	First Name	Middle Name	Social Security No
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Please account for all of your residence(s) for the past seven (7) years:

PRESENT ADDRESS	City	State	Zip Code
How long have you lived at this address? _____ years _____ months			
PREVIOUS ADDRESS	City	State	Zip Code
How long have you lived at this address? _____ years _____ months			
PREVIOUS ADDRESS	City	State	Zip Code
How long have you lived at this address? _____ years _____ months			

HOME TELEPHONE	WORK TELEPHONE	OTHER TELEPHONE	EMAIL ADDRESS
() -	() -	() -	

Are you a current/previous City of Miami Beach employee?

Current: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year of Separation	Reason for Separation	Classification/Department
Previous: <input type="checkbox"/> Yes <input type="checkbox"/> No			
For City of Miami Beach Employees Only: Was your most recent Performance Evaluation Satisfactory or Above? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you related to any City of Miami Beach employee(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please list:			
Employee's Name	Title	Relationship	Department/Division
Have you taken a City of Miami Beach Typing Test within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please answer the following questions:			
Classification: _____		Date Tested: _____	

DRIVER'S LICENSE INFORMATION

Driver's License Number:	State Issued:	Date Issued:	Expiration Date:	Safe Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any Restrictions?	Any Endorsements?	Class A: _____ Class B: _____ Class C: _____ Class D: _____ Class E: _____ (Regular)		

DO NOT WRITE IN THIS SPACE

FINAL GRADE: _____ RANK: _____

WRITTEN SCORE: _____ TYPING SCORE: _____

☐ WITHDREW ☐ DNS ☐ DISQUALIFIED

☐ ELIGIBLE FOR RECRUITMENT/TESTING

REASON: _____

EDUCATION						
School Name	School Address (City/State)	Dates Attended	Credit hours earned	Did you graduate? Yes/No	Degree Received	Major Field of Study
High School:						
Higher Education:						
Other:						
Current Professional Licenses or Certificates and Issuing Agency			Date Issued		Date of Expiration	

REFERENCES: List (3) personal references (non-relatives)			
NAME and OCCUPATION	ADDRESS	TELEPHONE	YEARS KNOWN

Have you been **convicted** of a **crime**, otherwise found or plead **Guilty** or **Nolo Contendere**, or had **adjudication withheld** ?

(Also, include all open or pending cases.) ☐ **Yes** ☐ **No**

If YES, date of last conviction, date of plea of Nolo Contendere or date of adjudication withheld: **Month** _____ **Year** _____

If yes, please explain below: (Each case is considered on its individual merits)

Do you wish to Claim Veteran’s Preference? ☐ **Yes*** ☐ **No**

*If Yes, it is your responsibility to furnish a DD214 or equivalent documentation and disabled Veteran’s documentation (if applicable). You must also complete the “Applicant’s claiming Veteran’s Preference” package. (Please ask the Human Resources representative to whom you submit your application for further instructions.)

PLEASE ELABORATE ON HOW YOUR TRAINING AND EXPERIENCE RELATES TO THE POSITION (S) FOR WHICH YOU ARE APPLYING:

EMPLOYMENT HISTORY

List all jobs held in the last TEN (10) years and explain all gaps in employment (example: Volunteer Work, etc.) as it relates to the position for which you are applying. Major changes in duties or job titles with the same employer should be listed as separate jobs. Start with your present or most recent position first and work back. Use additional sheets if necessary.

May we contact your present employer regarding your record of employment? ☐ **Yes** ☐ **No**

Name of Employer		Job Title		Name of Supervisor	
Street Address		City, State, Zip Code		Telephone Number	
Hours per Week	Current/Ending Salary	From Date		To Date	
	Per	/ /		/ /	
Total Time in Years/Months		Why did you leave?		Name of Co-Worker	
Description of Duties					

Name of Employer		Job Title		Name of Supervisor	
Street Address		City, State, Zip Code		Telephone Number	
Hours per Week	Current/Ending Salary Per		From Date /		To Date /
Total Time in Years/Months		Why did you leave?		Name of Co-Worker	
Description of Duties					

Name of Employer		Job Title		Name of Supervisor	
Street Address		City, State, Zip Code		Telephone Number	
Hours per Week	Current/Ending Salary Per		From Date /		To Date /
Total Time in Years/Months		Why did you leave?		Name of Co-Worker	
Description of Duties					

Name of Employer		Job Title		Name of Supervisor	
Street Address		City, State, Zip Code		Telephone Number	
Hours per Week	Current/Ending Salary Per		From Date /		To Date /
Total Time in Years/Months		Why did you leave?		Name of Co-Worker	
Description of Duties					

Name of Employer		Job Title		Name of Supervisor	
Street Address		City, State, Zip Code		Telephone Number	
Hours per Week	Current/Ending Salary Per		From Date /		To Date /
Total Time in Years/Months		Why did you leave?		Name of Co-Worker	
Description of Duties					

AUTHORIZATION AND RELEASE OF BACKGROUND INVESTIGATION

I hereby **CONSENT** for any duly authorized representative of the City of Miami Beach Police Department or Human Resources Department or Representative bearing this release or a copy thereof to obtain any information or records from persons, corporations, agencies, associations, institutions or organizations as may be relevant and necessary to determine my fitness and suitability for employment consideration with the City of Miami Beach for the above classification.

Such information and records may include, but are not limited to, those pertaining to abilities, affiliations, character, credit and finances, education, employment, family, insurance, judicial and law enforcement records, memberships, military, and motor vehicle operation and traffic history.

I hereby **AUTHORIZE** and direct you to release such information and records upon request to bearer. This authorization is executed with full knowledge and understanding that:

1. Records and information disclosed shall be for official evaluation of my employment application by the City of Miami Beach and are used as selection criteria **ONLY** where related to performance of the job for which I have applied.
2. The City of Miami Beach will take measures to protect the aforementioned information and records against unauthorized disclosure.
3. Certain non-exempt portions of the background investigation process may be made available for inspection by third parties pursuant to the public records and other laws.

I hereby **RELEASE** the custodian of such records, including the City of Miami Beach and aforementioned persons, corporations, agencies, associations, institutions, organizations, and their employees, agents, and representatives, both individually and collectively, from any and all liability for damages by me, my heirs, family, or associates resulting from lawful compliance or any attempts at lawful compliance with this authorization, except for any damages resulting from knowingly providing false or misleading information or records about me.

I certify that all of the information on this application and on documents submitted is true, accurate and complete to the best of my knowledge. I understand that all information and documents are subject to investigation and that exaggeration, falsification, misrepresentation, or omission is sufficient cause for disqualification, immediate dismissal from the City Service and/or disqualification from applying for any position in the service of the City of Miami Beach. I also certify that I understand all information on the job announcement and that this application and accompanying documents are considered to be public records unless otherwise exempt under Chapter 119, Florida Statutes.

I understand that it is my responsibility to keep my address and telephone number(s) updated with the Human Resources Department. If I cannot be contacted, I may forfeit my eligibility for employment.

PRINT YOUR NAME:

SIGNATURE:

DATE:

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HUMAN RESOURCES WILL SEPARATE THIS PAGE BEFORE REFERRAL

NAME - PLEASE PRINT

LAST	FIRST	MIDDLE
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CLASSIFICATION (S) APPLIED FOR:

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DATE:

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THE FOLLOWING INFORMATION IS VOLUNTARY AND IS NEITHER PART OF YOUR APPLICATION NOR HAS ANY BEARING ON YOUR CONSIDERATION FOR EMPLOYMENT. IT IS USED TO COMPLY WITH FEDERAL EQUAL OPPORTUNITY REPORTING REQUIREMENTS.

Gender: ☐ Female ☐ Male

Ethnic Origin: Check only one (1)

- ☐ **White:** (Not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North America, North Africa or the Middle East.
- ☐ **African-American/Black:** (Not of Hispanic Origin): All persons having origins in any of the Black racial groups of Africa.
- ☐ **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ☐ **Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, Samoan Islands and the Philippine Islands.
- ☐ **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Referral Source: Check Only One (1)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Announcement (AN) | <input type="checkbox"/> Art Deco Tropical (D) | <input type="checkbox"/> Career Fair (CF) | <input type="checkbox"/> City Employee (CE) |
| <input type="checkbox"/> El Nuevo Herald (E) | <input type="checkbox"/> Friend (F) | <input type="checkbox"/> GovJobs.com (GJ) | <input type="checkbox"/> Hola Amigos (HA) |
| <input type="checkbox"/> Internet (I) | <input type="checkbox"/> La Voz (LV) | <input type="checkbox"/> Miami Herald (H) | <input type="checkbox"/> Miami Times (T) |
| <input type="checkbox"/> Monster.com (M) | <input type="checkbox"/> Notification Card (NC) | <input type="checkbox"/> Special Publication (SP) | <input type="checkbox"/> Sun Sentinel (S) |
| <input type="checkbox"/> Tiempo Nuevo (TN) | <input type="checkbox"/> Walk-In (WI) | <input type="checkbox"/> Other (O) - Specify _____ | |

Internal Use Only

City of Miami Beach, Human Resources Department
1700 Convention Center Drive Miami Beach, Florida 33139
Tel: 305.673.7520

Application Date: _____

Classification(s) applied for: _____

☐ **Qualified** ☐ **Not Qualified**

☐ **Tested** ☐ **Non-Tested**

Test Date: _____ **Test Time:** ☐ **9:00 AM** ☐ **2:00 PM**

Location: ☐ **Miami Beach Convention Center** ☐ **Old City Hall** ☐ **Miami Beach Police Department**
Hall: **A B C D** **Room:** _____

Classification(s) applied for: _____

☐ **Qualified** ☐ **Not Qualified**

☐ **Tested** ☐ **Non-Tested**

Test Date: _____ **Test Time:** ☐ **9:00 AM** ☐ **2:00 PM**

Location: ☐ **Miami Beach Convention Center** ☐ **Old City Hall** ☐ **Miami Beach Police Department**
Hall: **A B C D** **Room:** _____

Thank You for applying with the City of Miami Beach. The time and effort you devoted to this pursuit are appreciated. As positions become available in the classification you applied for, you may be contacted for an interview. Please submit in writing any changes to your telephone number or address. Mail this written notice to our Human Resources Department.

Thank you again for your interest in employment with the City of Miami Beach.